

The Evaluation of an Instructional Module Prototype
for use by Directors of Staff Development in Long Term Care

by

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Abstract

Title: THE EVALUATION OF AN INSTRUCTIONAL MODULE PROTOTYPE FOR USE BY DIRECTORS OF STAFF DEVELOPMENT IN LONG TERM CARE

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Staff development directors in long term care have limited experience and little preparation to perform their educational role. Instructional resources are limited for meeting the their unique needs and that of their staff. An instructional module resource series is being designed to increase their knowledge and skills of this population. This study evaluated a prototype of the series, a module on Resident's Rights. A sample of 35 staff development directors in Oregon, were sent the module and surveyed to evaluate the instructional materials for potential usefulness and need for modifications. In addition, they were asked about their preferences for providing instruction that would be useful in the design of future modules.

The data showed that the prototype was perceived as very useful for the preparation and evaluation of an inservice on Resident's Rights. Minor modifications enhancing the clarity of the module will be made. The

model used for this module was found potentially useful for creating one's own instructional materials. Thus, serving as a method enhance the knowledge and skills of the staff development director.

The study shows that because of time and money constraints, and lack of preparation for the job, creative instructional materials such as this module prototype need to be developed if the staff of long term care facilities are to deliver the quality of care expected for the residents.

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THE EVALUATION OF AN INSTRUCTIONAL PROTOTYPE MODULE

Introduction

Staff development directors in long term care have limited experience and little preparation to perform their educational role. They lack adequate resources to design instructional materials that meet the unique needs of the facility's staff. Furthermore, new regulations focused on outcome measures are making the facility's educational program more accountable for staff's standard of care.

This situation calls for the development of resources for directors of staff development (DSD) that offer opportunities to increase knowledge and skills to do their job and a method for increasing the educational program's accountability to the standard of care delivered by the facility's staff. This study evaluates the usefulness of an instructional module prototype, designed specifically for staff development directors in long term care. This resource offers a variety of methods to present mandatory annual instruction and provides a way to evaluate the effectiveness of the instruction.

The literature provided information regarding the role of staff development in a health care organization particularly the nursing home. A conceptual framework is explored between the

relationships that exist with the DSD in long term care, instructional materials and the staff.

Definition of Staff Development

"Staff development is a program of both formal and informal learning activities found in the workplace that includes one or more of the following: inservice education, continuing education, orientation, training, and management development"(Smith & Elbert, 1986, p.24; Sullivan & Decker, 1985, p.290; Dennis & Hunt 1990, p.131). Its purpose is to promote development of personnel within the organizational setting thereby, "creating a satisfying work environment and assisting in staff retention and recruitment" (ANA, 1990, p.4). The staff development program can serve to educate and motivate individuals to provide quality health care to its residents.

Inservice

"Inservice refers to the education that seeks to improve staff members' knowledge of or ability to perform job related tasks, and is the most commonly recognized dimension of staff development" (Sullivan & Decker,1985, p.294). This type of education is done on-site with minimal interruption of work duties or large expenditures of time and travel money.

Instructional objectives are limited and well defined with the focus on the ongoing skills needed by staff to do their job (Smith & Elbert, 1986; Slee, 1986).

The significant role of inservice in an LTC staff development program can best be understood when seen within the context of the survey process. The survey evaluates the long term care facility's compliance with state regulations and provision of quality care to its residents.

Survey / Regulations

In 1987, the Omnibus Reconciliation Act (OBRA) included major changes in the regulation of long term care based on an Institute of Medicine study on the quality of care of residents in nursing homes (1986). The study, *Improving the Quality of Care in Nursing Homes* (1986), made several recommendations that were incorporated into the OBRA law. The new focus in regulating nursing home care is on client outcomes, not the paper trail that states quality care is being delivered (Wolgin, 1990).

The annual state survey is a systematic process implemented by a team of surveyors who visit the facility for seven to ten days. The survey team's focus is to appraise the quality of care delivered

by observing and interviewing the staff and residents, and reviewing documents. Facility documents are reviewed for accuracy and compliance with regulations and requirements, and all units in the facility are scrutinized for adherence to specific state and federal standards.

Staff development documentation is reviewed to ascertain that all the required annual inservices were offered, and that the majority of staff attended. As illustrated in Table 1 the inservice topics that must be presented annually range from Resident's Rights to basic safety issues (i.e., cardiopulmonary resuscitation, Heimlich maneuver, accident prevention).

During the survey, surveyors interview staff members to gather information about their performance. They ask questions such as: "What would you do if a resident were to wander away from the unit?" or: "To whom would you report an incident of abuse?". They also observe staff members for the presence or absence of behaviors such as knocking on a resident's door, waiting for a response prior to entering, offering choices in dress, food and activities, and other behaviors of this nature.

The questions and observations that surveyors make are

Table 1

Required Annual Inservice Topics in Oregon for Long Term Care Facilities

| | |
|--|----------------------|
| Residents Rights | Abuse |
| Transfer/Discharge Rules | Infection Control |
| Oral Care | Emergency Procedures |
| Cardiopulmonary Resuscitation | Heimlich Maneuver |
| Physical restraints | Wandering Behaviors |
| Restorative Services | Activity Program |
| Social Services | Accident Prevention |
| Alzheimer's Disease & Other Dementias | |
| Other special needs of the facility population | |

related to the interpretive guidelines developed by the state to assess the adherence to regulations by the facility. The focus in theory is on resident outcomes (i.e., quality of care), not on documentation found in a department's records. Therefore, surveyors are looking for observable outcomes by way of the care delivered from the facility's staff.

The survey process attributes many of the deficiencies found in the delivery of quality care to the need for more inservice, since education is often seen as the solution to most problems. Although inservice alone can not solve all deficiencies found by a survey, it is one intervention believed to reduce the deficiencies found in staff performance. The skills of the DSD are instrumental in addressing the deficiencies related to staff performance found and developing a program that may reduce deficiencies in future surveys.

Staff Development Director

Registered nurses are usually the persons responsible for staff development programs in the long term care organization. A few facilities exist where the administrator directs this function. They are in the minority, however, since most of the required inservice topics are nursing-related. Furthermore, the position generally is filled by

an RN because nurses are the primary caregivers and represent the largest number of employees.

In LTC, the Director of Staff Development has limited time to devote to inservice. Nurses are either hired on a part-time basis, or are assigned staff development activities as a small part of their job. Most DSDs have other significant responsibilities such as nursing department staffing and scheduling, Certified Nursing Assistant (CNA) basic training, infection control coordination, or resident care management (Offhouse,1972). In a survey titled, "The Assessed Needs of Florida Inservice Educators" completed in 1970, two thirds of nurses polled were doing both inservice education and nursing administration functions (Rowe,1970). Furthermore, the Director of Staff Development often must devote a disproportionate amount of the limited staff development time to orientation instead of the development and maintenance of job skills through inservices. Annual industry turnover rates for certified nursing assistants have been found to be between 40% to over 100% (Berman,1989).

In addition, to having limited time to devote to inservices it appears that few DSDs in long term care have academic degrees or educational preparation that would assist them in teaching, in

developing class formats according to acceptable teaching methods and style, and in using evaluation methods. A study of staff development directors (DSD) in 29 long term care facilities support this conclusion. Only 13.8% of the DSDs had a baccalaureate in nursing while none had a masters or doctorate degree. Furthermore, the study noted that basic nursing education may not have given the directors the skills needed to carry out their educational responsibilities, and that "there is no standard academic preparation for staff development" (Kelly, Carty, & Haskell, 1988).

While information about LTC formal preparation for educational role is limited, it is likely similar to those in the acute care setting where directors of staff development are not specifically trained or educated for their roles. Many acute care DSDs have had no academic course work or training in adult learning principles or their application, and most have learned their job through trial and error. It appears common that nurses, "... are literally pushed into their positions without the benefit of any formal preparation, and most without the luxury of a mentor" (Holmes,1992,p.37). "Many find themselves relying on instinct, common sense, recollections of past teacher models, and a little prayer and luck to see them through."

(Ferris, 1988, p.28).

The lack of prepared LTC staff development personnel has been identified as an issue since an element of quality nursing care depends to a large degree on the knowledge, skills, and activities of those responsible for staff development (Vladeck,1982; Cantor, 1975; del Bueno,1976; and Tobin, 1976). As noted by Dennis and Hunt (1990, p.134), "... without the necessary skills for the job by staff development educators, the provision of quality care by the staff becomes threatened".

Staff development directors in long term care (LTC) realize the significance of their contribution to the quality of care provided to the residents. But how does one develop a program without the relevant educational preparation, or resources?

Resources

Two kinds of resources are needed by the DSD. One for themselves to obtain the knowledge and skills for the job, and second are the resources used by the DSD to deliver instruction to staff.

In LTC, facilities are small and not usually aligned with other organizations, therefore they tend to be isolated. Some health care and education organizations do exist that may have the potential to

serve as a resource for instructional strategies, networking, and materials, but frequently they have an acute care focus and few, if any individuals from the LTC industry are members.

The nursing profession has produced some resources for the nurse responsible for staff development. In 1990 the American Nurses Association re-issued a set of Standards for Nursing Staff Development originally published in 1976. This publication adapted the generic standards for continuing education to the process of nursing staff development and created new standards to, "... reflect the areas to consider in a quality nursing staff development program " (ANA,1990, p.1). Some of these areas would be the impact of inservices and orientation on the effectiveness of the staff nurse's job performance. These standards are helpful to provide a frame of reference for the role but does not provide useful information for carrying out the role on the job.

In 1983, the Journal of Nursing Staff Development was created. Published six times per year, it offers a variety of articles such as the 'how to' genre, some research on what works best in staff development programs and other articles on the various roles of staff development. The journal exhibits a strong acute care focus which

reduces its usefulness for LTC and the editorial board has neglected to secure representation from the long term care setting.

A National Nursing Staff Development Organization was formed in 1990, which has developed an LTC special interest group, setting annual membership fees at a reasonable \$35. This group has the potential to be useful to DSDs in LTC but no information was found in the literature regarding its current activities.

In 1992, the American Nurses Credentialing program added certification for the nurse in continuing education/staff development practice. The certification is limited to nurses having a BSN, thus limiting this resource to most directors of staff development in LTC.

This list of activities demonstrates the growing recognition of the significance of staff development in the health care organization. Provided they are aware of them, the activities may also serve as educational opportunities for those nurses in staff development wishing to obtain additional knowledge and skills needed to carry out their role, which historically in LTC has not been the case.

A common concern of DSDs in long term care is related to the inadequacy and scarcity of up-to-date instructional aids and equipment. The scarcity of human and material resources of the four

staff development programs studied by Santiago (1989) contributed significantly to the high levels of stress on the part of trainers. Badly needed resources were not available, and funds allocated to the department were minimal.

In Santiago's study, effective DSD role performance was equated in part to the availability of instructional materials such as current journals, texts and basic audiovisual equipment (overhead projector, flip chart/easel). Each of the directors of staff development frequently cited that inadequate resources were barriers to staff learning. Other barriers cited included factors such as mandated inservice topics that became too familiar to the learners, and heavy workloads for the nursing home staff (Santiago,1989).

Each day promotional ads arrive on the DSDs desk offering a variety of instructional materials that can be utilized in the inservice program. Video tapes are the most common resource offered in promotional advertising. In the last several years hundreds of video tapes have been produced to cover a multitude of topics related to the care of the resident, and issues in the LTC facility. The most common obstacle is cost. It is not unusual for tapes with an average running time of 10 to 30 minutes to cost a minimum of \$245 to over \$500 a

piece. Some free materials are offered by companies whose purpose is to sell their product but often this information is biased or incomplete, and lacking accuracy.

Instructional Methods

While the most frequently used methods of staff training are didactic, verbal, and written instructions (Burgio & Burgio, 1990), there is literature that suggest learning is enhanced by using a combination of innovative approaches to deliver required inservice programs. For example, the nursing department of a New York hospital used nontraditional teaching methods to present inservices on mandatory topic requirements. Their innovative approaches such as colorful flyers, self-learning modules, poster presentations, and a mobile inservice cart stimulated creative thinking on the part of the nursing instructors and facilitated improved attendance and interest by the staff (Seigel, 1990).

The literature includes other ideas for creative methods proven to be effective in maintaining staff performance. All programs contain instruction (training), but creative programs often add the components of (1) monitoring of staff performance, and (2) application of consequences. Publicly posted feedback, often graphically

presented information (i.e., posters showing percentages of improvement) on staff performance that is made visible to other staff members have been effective in a number of studies (Burgio & Burgio,1990).

The real challenge noted by many of the anecdotal articles is to create a desire for learning and make the annual required topics interesting. Articles shared formats for the preparation, presentation, and evaluation of an educational offering. Some methods of presentation that were shared were humor (i.e., jokes, ice breakers and cartoons), information fairs, and games, such as trivial pursuit, jeopardy, and wheel of fortune (Hudson,1989; Quillen,1990; Rowe, 1985; Schmidt,1991; Seigel,1990; White & Lewis,1990).

Evaluation

While offering inservices that are creative is one aspect of a successful staff development program, some method of evaluation is also required. Through the use of evaluation techniques, instructors can obtain feedback regarding the learner's understanding of the information presented and identify aspects of the program requiring clarification, elaboration, and revision (Lewis & White, 1991; Holzemer,1988). Unfortunately, an evaluation tool is usually missing

from most inservice programs, so the DSD has no objective method to evaluate the inservice (Dennis & Hunt, 1990).

The literature notes that inservice attendance and content alone do not guarantee the attainment of program goals such as changes in staff attitudes and clinical practice. It is necessary to devise a system of consistently monitoring staff performance and providing consequences (i.e., reinforcers, supervisor feedback) for their performance. Staff development educators must provide instructional programs that will enhance staff's professional growth, improve their work performance, and ultimately improve the quality of nursing care rendered. To ensure that these goals are attained, the development of a continuous quality improvement (CQI) plan specifically designed to monitor the effectiveness of instruction and the outcomes of teaching-learning is needed (Lewis & White, 1991; Santiago, 1989; Burgio & Burgio, 1990).

The educational impact of an inservice may not be determined immediately following the provision of an inservice program. Modifications in attitudes and practices may take from three to six or more months before measurable changes can be detected (Hefferin, 1987). Smeltzer (1987) stated that staff development

educators can be viewed as experts in evaluation. Thus, they are responsible for understanding and supporting the CQI program at their facility by teaching the staff necessary concepts and skills needed to provide quality care and then monitoring the utilization of those concepts and skills.

Staff Learning

Everyone in each facility is a learner. However, a special group of individuals are the focus of most instruction, the certified nursing assistant (CNA). CNAs provide most of the direct resident care and typically have between 75 to 120 hours of training to do their job. The development and maintenance of CNAs' competence is a concern for the DSD. Many are single mothers earning a minimum wage, and are more concerned with issues such as paying rent, buying groceries, finding day care, and maintaining their car. In addition, some facilities have a high number of staff where English is their second language, creating literacy and cultural challenges when providing inservices.

The fact that adults learn differently than children must be taken into account when designing and providing inservices that the staff will perceive as useful to them in their work. Adult learners are

self-directed, build on life experiences, seek information based on a perceived need, and are motivated to learn by addressing internal factors such as self-esteem, recognition, and self-confidence (Knowles,1984). A set of adult learning principles proposed by Lawler (1988) seem most applicable for staff development programs in a organization. These principles are:

1. Adult education requires a physical and psychosocial climate of respect.
2. A collaborative mode of learning is central to adult learning.
3. Adult education includes and builds on the experience of the participant.
4. Adult education fosters critically reflective thinking.
5. Problem-solving and problem-posing are fundamental aspects of adult education.
6. Learning for action is valued in adult education.
7. Adult education is best facilitated in a participative environment.
8. Adult education empowers the participant.
9. Self-directed learning is encouraged and enhanced in adult education. (Lawler, 1988)

Conceptual Framework

Although there has been no research done on the impact of a staff development program on the quality of care delivered by the staff, the literature suggests a strong relationship between the two (Santiago,1989). This project is built on the relationship between the

DSD and instructional materials. The relationship between staff development and instructional materials is driven by the recognition in the literature and practice, that well designed and presented instruction could facilitate learning on the part of the staff encouraging them to apply the learning to their practice resulting in improved job performance.

Each DSD in the long term care facility has the responsibility to provide specific annual inservices, covering topics outlined by the regulations. This responsibility includes being indirectly accountable for the job performance of the staff and the quality of care delivered. As discussed, DSDs frequently do not possess the knowledge, skills, time or resources to carry out this responsibility. If DSDs are provided with instructional materials that are inexpensive and adaptable to their particular needs and with suggestions for their use, they would be able to present inservices in a way that is useful to the staff. As staff are engaged in inservices that are designed to facilitate their learning, their interest is reinforced. Seeing the content of the inservices as relevant to their job setting, their learning increases and their job performance improves. Thus, the quality of care should also increase. In addition, if these instructional materials can provide a

method for modeling the design and presentation of instruction, DSDs can gain some of the knowledge and skills needed to perform their job.

If the instructional materials include methods for evaluating instructional outcomes (quality of care) then the DSD can monitor staff performance and the learning experience and revise the instructional materials and methods as needed.

Instructional materials can be a method by which DSDs can acquire the knowledge and skills needed to provide inservices to the staff. The currently available instructional materials are expensive, often designed to sell a particular product, and do not meet the specific needs of those in long term care.

Instructional Modules

Fortunately there is a set of instructional modules currently being developed to fill the needs identified in practice and the literature. They are being developed with grant funds were obtained by the Benedictine Institute, in 1990, from The Collins Medical Trust and The Oregon Community Foundation. The modules have several goals consistent with the needs identified for this population, which are to enhance the knowledge and skills of staff development

directors by:

- a) modeling a variety of learning activities providing several ways to present the same content
- b) providing an inservice program that can be adapted by a DSD to fit the facility's needs and resources (i.e., time, money, materials)
- c) encouraging a DSD to create and develop other inservice activities using ideas generated by the modules.

The modules are devoted to the content of mandated inservice topics (see Table 1) and the adult learning principles by Lawler (1988) guided the design of the modules. The materials address the largest general audience found in the facility, the CNA and other entry level staff found in the housekeeping and dietary departments. Each inservice module will contain content, learning activities, an evaluation tool, resources, and suggestions for the development of quality assurance indicators. The content consists of basic information in a transparency format. One to three learning activities designed for individual and/or group work are available for selection. The modules include a listing of resources each with a price under \$100. An example of these resources would be lending libraries, speakers, organizations, and other instructional materials available related to

the topic.

The modules include a learner evaluation tool, often referred to in the literature as a "happiness index", which seeks to rate the learners' satisfaction of the inservice and to obtain ideas of how they will apply the concepts to their job. Suggestions for the development of quality indicators (QI) and/or a quality assurance audit tool are included in each module. The utilization of data from quality indicators either directly or indirectly obtained by the DSD can provide valuable information to evaluate the effectiveness of the staff development program.

Prototype

The prototype of this module series is the module on resident's rights. This topic is the most complex of all the mandatory topics and serves as the foundation for all the education provided in LTC. The module is 37 pages in length, and divided into sections of Introduction, Transparencies, Learning Activities, Evaluation Tool, Quality Assurance and Resources (See Appendix A for a copy of the module). The introduction lists the performance expectations, a general overview of the sections and a complete listing of the rules and regulations related to this topic. Fifteen transparency masters

review each of the resident's rights with an introduction on ways to utilize the transparencies. Situations for discussion (an adapted role play), a crossword puzzle and case study situations serve as the learning activities the DSD can choose from to promote participant interaction in the inservice. The evaluation tool is a short form with four Likert scale statements asking the participant to rate various aspects of the inservice on a five point scale of poor (1) to excellent (5), and two open-ended questions asking about the application of the content on the job. The quality assurance section provides an audit for assessing the application of resident's rights on the individual unit. The last section provides two resources: one the toll free number for the Oregon State Ombudsman who has the responsibility to advocate the rights of residents in long term care facilities, and the other is a Resident's Rights Bingo game priced at \$47.50.

To be utilized by the identified population, the DSDs must believe in the potential usefulness of the instructional materials. Information was needed on modifications that would increase the potential usefulness and thus utilization by staff development directors. This study therefore was designed to evaluate from the DSD's perspective, the usefulness of this module prototype within the

LTC setting. The specific research questions for this study were:

- 1) Given a variety of instructional materials designed for the LTC setting, how will the DSD perceive the usefulness of the materials for the preparation and evaluation of an inservice?
- 2) What modifications would enhance the utility of this module?
- 3) What are some preferences/ needs by the DSDs and /or their staff (as perceived by the DSDs) that would be useful in the design of the other modules?

Methods

Design

This study was evaluative in nature. The investigator asked for input from a sample population of DSDs in long term care nursing facilities regarding the utility and modifications needed with a pilot module prototype from the inservice instructional manual.

Setting and Sample

A sample of 40 facilities was selected from a list of all long term care nursing facilities in Oregon in 1993. Thirty were randomly selected, and an additional 10 were purposefully selected to represent facilities from rural counties not already in the sample. The individual currently responsible for providing inservice education in the facility served as the facility's representative for the collection of the data.

Measures/ Data collected

The survey questionnaire was developed by the researcher specifically for this project. The survey was tested by a director of staff development to evaluate it for content validity, and reviewed by an educator not familiar with the nursing home to assess clarity of the wording and sequencing of the questions.

A survey questionnaire was developed covering seven major areas: demographics, clarity of entire module, usefulness of the learning activities and instructor support, usefulness of the module as a model, modifications needed, and range of possible learning activities for future modules using this module as a model. The questionnaire was composed of 29 fixed-response and open-ended items (Appendix B).

The first four items of the survey are global in nature asking, (1) if it was clear how to use the module, (2) if the instructions to the activities easy to understand, (3) if the content was appropriate to the practice setting and (4) if the module materials could improve inservice attendance. The questions are fixed response items with a three point range of responses: Yes, Somewhat or No, with an opportunity for comments.

The next four survey items (5- 8) are composed of three-part statements that inquire about ease of use, application, and comments of each of the learning activities: transparencies, crossword puzzle, situations for discussion, and case study situations. The items ask respondents to indicate the ease of use on a scale from "easy to use" to "hard to use". If they check "somewhat hard to use" or "hard to use",

they are asked to comment why they thought it was hard. These comments will provide information for modifications in the manual. In addition, an inquiry is made on how they think they might use a particular activity, for example if they would use the case study situations as an individual or group handout.

Items 9 through 11 asked the DSDs about the instructor support materials; the quality assurance tool, the evaluation tool, and the resource list. These items were composed of two parts, inquiring about usefulness and comments.

The next five items (12-16) asked about the strengths and usefulness of the module as a model for future inservice modules. Two items asked if the respondent thought they could create similar modules using this one as a model, and if they would utilize similar modules on other inservice topics. Two more items address the recommendation to other facilities and the purchase of this module for their inservice program. Item number 16 is an open-ended question about the strengths of the module.

Open-ended survey items 17 and 18 inquired about the weaknesses of the module and solicited suggestions for improvements on the module materials.

Seven survey items (19-25) asked about a range of learning activities for future modules using this module as a model. Item 19 was a closed response question asking about accessibility of equipment. Item 20 addresses the usefulness of six instructional methods as seen from the respondents' experience. The statement uses a Likert scale of one to five (one: very valuable to five: has no value at all) for the respondent to rate the instructional method. Item number 21 is a fixed response question asking the respondent to characterize the attendance at most inservices as very good, good, fair and poor. Survey items 22 through 25 are all open-ended statements asking about how inservices are usually presented to the staff; the kind of inservices that are well received by the staff; how did they think their staff learned best; and was there anything they would add to the module.

Demographic data was requested in the open-ended items 26 through 29. The focus was on level of education and years of experience in an educational role. The items inquired about level of nursing education; level of education; other responsibilities in addition to inservices; and length of time with educational responsibilities.

Procedures

The initial recruitment of the DSDs occurred by telephone. All who agreed to review the instructional module prototype on Resident's Rights, were sent a module. The accompanying cover letter stated the purpose of the study, reviewed instructions, reconfirmed the appointment for the telephone interview, and that participation was voluntary (Appendix C). In exchange for their participation the DSDs were informed that they could keep the module to use as they wished. Two weeks after sending the module the respondents were contacted by telephone and asked a series of questions. Each interview took approximately 15 to 30 minutes to complete.

Results

Description of Respondents

The respondents were selected from the 180 long term care facilities in Oregon. Of the forty individuals who agreed to participate in the project thirty-five were available to respond to the prearranged telephone interview, which constitutes an 88% response rate. Two stated that they never received the module and three had situations arise that made them unavailable during the time scheduled for data collection. The sample interviewed represented 70% of the 33 counties in the state of Oregon and 20% of the long term care facilities in the state. The facilities represented had an average of 84 beds, ranging from a low of 19 to a high of 204 beds. Twenty-one of the facilities were in an urban area and 14 were in a rural part of the state (rural is classified as meeting one or more of the following criteria: the only facility in a county; one of only two facilities in a county; and/or more than 25 miles from another town with a nursing home facility).

The respondents were predominately female, ADN prepared, and nurses. They had various educational backgrounds and

educational experience. Those respondents in a rural area had on the average 8.6 years of educational experience whereas those from the urban area had 6.1 years of educational experience, a difference of 2.5 years. All but three sampled were nurses with varying degrees of nursing education, see Table 2. Three were nursing home administrators with bachelor degrees in economics, psychology, and health care administration. Most (97%) of the sample lacked any academic background in education. Only one respondent had a degree in education, 40% had attended a two day "Train the trainer" workshop to enable them to offer the CNA basic training, the remainder had learned on the job with an occasional workshop, article, or colleague to assist them with their job.

The subjects in this sample had many other responsibilities besides staff development. Most common were infection control, quality assurance, and nursing administration. The smaller the facility, the more likely it was that the respondent had several key roles to fill. Ten respondents were the Director of Nurses (DNS) in their facility, two were the administrator and two were both the DNS and the administrator.

Table 2

Sample Characteristics

| <u>Gender</u> | <u>Number</u> | <u>Percent</u> |
|--|---------------|----------------|
| Female | 32 | 91% |
| Male | 3 | 9% |
| <u>Educational Level</u> | | |
| LPN | 2 | 6% |
| ADN | 13 | 37% |
| Diploma | 5 | 14% |
| BSN/BS/BA | 13 | 37% |
| MSN/M.Ed. | 2 | 6% |
| <u>Years of Educational Experience</u> | | |
| ≤ 3 years | 10 | 29% |
| 4-6 years | 14 | 40% |
| 7-23 years | 11 | 31% |

Research Question 1: Given a variety of instructional materials designed for the LTC setting, how will the DSD perceive the usefulness of the material for the preparation and evaluation of an inservice?

For this first question survey responses one through 16 were analyzed (overall usefulness, usefulness specific to each learning activity and to the instructor support materials). The responses were very positive regarding the overall usefulness of the module. One hundred percent of the respondents stated, that it was clear how to use the module. Ninety-seven percent thought the instructions were easy to understand, 100% stated that the content was appropriate to the practice setting, and 83% felt the module materials could improve staff participation in inservices.

The response to the ease of use for the learning activities was high, with a range of 69% for the situations for discussions to 94% for the transparencies, see Table 3. The range of Yes responses was also high when asked if they would use the instructor support materials, with 74 % for the evaluation tool to 80% for the resource listing, as seen in Table 3.

The versatility of the module and use by the respondents was inferred by the positive responses regarding the application of the

Table 3

Utility of Module

| <u>Sections</u> | <u>Responses related to Ease of Use</u> | | | |
|-------------------------------------|--|----------------------|----------------------|-------------|
| | Easy to use | Somewhat Easy to use | Somewhat Hard to use | Hard to use |
| Learning Activities: | | | | |
| Transparencies | 33(94%) | 1(3%) | 1(3%) | |
| Crossword Puzzle | 23(66%) | 8(23%) | 1(3%) | 3(9%) |
| Situations for Discussion | 24(69%) | 8(23%) | 3(9%) | |
| Case Studies | 31(89%) | 2(6%) | 2(6%) | |
| | | | | |
| <u>Instructor Support Materials</u> | <u>Responses related to would they Use</u> | | | |
| | Yes | Possibly | Not Sure | No |
| Quality Assurance Tool | 27(77%) | 5(14%) | 2(6%) | 1(3%) |
| Evaluation Tool | 26(74%) | 4(11%) | 5(14%) | |
| Resource List | 28(80%) | 6(17%) | | 1(3%) |

learning activities. DSDs indicated that three of the learning activities, (the transparencies, the crossword puzzle, and the case study situations) could be used in a variety of ways, according to the respondents (see Table 4). For example, three-fourths of the respondents would use the transparencies on a flip chart and almost half of the respondents thought they would use the crossword puzzle and the case study situations as both a group discussion and as an individual handout. The method that received the lowest endorsement was the use of the case studies as an individual handout. However, it was still considered useful for 11% of the respondents.

The respondents were asked about the strengths and usefulness of the module as a model for future inservice modules (items 12 through 16). The responses were very high (>90%, n=35) regarding the utility of this module as a model for those responsible for staff development. The responses to items 12 through 15 were extremely positive with 91% stating they would recommend this module to other facilities , 93% thought they could create similar instructional materials, 97% would utilize similar instructional modules for other mandatory inservices, and 100% would recommend the purchase of the module if reasonably priced.

Table 4

Anticipated Methods For Using Learning Activities

| Learning Activities: | METHODS OF USE | | |
|-----------------------|------------------|--------------------|------------|
| | Overhead | Lecture | Flip Chart |
| Transparencies | 19 (54%) | 10 (29%) | 26 (74%) |
| | Group Discussion | Individual Handout | Both |
| Crossword Puzzle | 10 (28%) | 9 (26%) | 16 (46%) |
| Case Study Situations | 14 (40%) | 4 (11%) | 17 (49%) |

Note: Respondents were instructed to select one or more of the methods, thus the totals are greater than 100.

An open-ended item regarding the strengths of the module allowed the respondents to share what they liked about the module. Most of the comments centered around the variety of formats offered, and how they could design their own inservice. Other comments were that it was fun, challenging, well organized, concise, not threatening, and impressive. One respondent stated, "This material is equal to or superior to the stuff sent to me everyday in the mail that is put together by nurses who have little or no experience in the real world" (see Table 5). The responses to the survey items regarding the usefulness of the material for the preparation and evaluation of an inservice demonstrated that the respondents were very positive in their perception that the module would be useful to them.

Research Question 2: What modifications would enhance the utility of this module?

The responses to survey items 17 and 18, weaknesses and suggestions for improvement, as well as comments given as to why a particular section was not easy to use was used to answer this question. Suggestions for improvement regarding the entire module included the addition of content about the language staff use around residents (for example: not speaking loudly, speaking with respect and

Table 5

Strengths of the Module

| | <u>Number</u> | <u>Percent</u> |
|---|---------------|----------------|
| overheads were easy to use | 11 | (31%) |
| different ways of presenting the content | 10 | (29%) |
| simplicity | 5 | (14%) |
| concise and gives necessary information | 4 | (11%) |
| well organized | 4 | (11%) |
| case studies | 4 | (11%) |
| could tell the situations were from real life | 4 | (11%) |
| simple language | 2 | (6%) |
| less time needed in preparation | 2 | (6%) |
| guides group discussion | 2 | (6%) |
| no specific lesson plan so you could design it yourself | | |
| a complete listing of the OAR's | | |
| printing was easy to follow, clean, and well placed | | |
| role plays | | |
| the inclusion of the Bingo game order blank | | |
| transparencies challenge the staff to think | | |
| well prepared, fun and not threatening | | |
| wonderful, impressed | | |
| used already: xeroxed the transparencies and posted in break room | | |
| "This material is equal to or superior to the stuff sent to me everyday in the mail that is put together by degree nurses with little or no experience in the real world." | | |

not talking about residents in public areas of the facility) and to include more information about confidentiality.

The responses to these survey items usually referred to a specific section of the module that needed some modification. Not all sections had a comment about a modification needed. Therefore, the responses to these items are summarized under the specific section to which it refers.

Transparencies

The transparencies presented a challenge to the respondents without an overhead projector. The transparencies were found to be hard to use for the 16 (46% of the sample) facilities without an overhead projector, and time would be needed to transfer the information to a flip chart. One facility stated that they had already remedied this situation by xeroxing the transparency and posting it in the facility.

Crossword Puzzle

Language and time were barriers raised regarding why the crossword puzzle potentially might not be easy to use. Three respondents suggested translating the crossword puzzle into Spanish. In addition, a simpler version was recommended by four of the

respondents secondary to time constraints, and the low literacy level of the staff (for many staff English is a second language). Comments also included statements that the CNA staff did not like paperwork and how difficult it was to get staff to return the handouts to the office.

Situations for Discussion

This activity was identified as difficult by three of the respondents and who made suggestions for improvement to facilitate its use. The situations for discussion, an adapted role playing activity was seen as potentially threatening both for the staff and for those staff development directors with no experience facilitating them. A suggestion was made to include a facilitator's guide with suggestions for possible responses for each of the questions. One individual wanted more situations added.

Case Study Situations

Again, language and time were barriers to be considered. Two respondents were concerned about the literacy level of the case study situations and that it may be too involved for a short inservice. A request was made for more case study situations.

Quality Assurance Tool

The responses were varied concerning the quality assurance tool. Three respondents thought the QA tool was too short, two stated they already have too much paperwork and four already utilize a quality assurance tool that is more extensive.

Inservice Evaluation Tool

The responses, "staff won't fill it out"; "prefer verbal input from the staff"; "rather watch them on the unit"; "time is a problem"; "it isn't important to know what they learned in the class" are some of the negative comments received about the learner evaluation tool. Ten respondents liked the bottom two questions regarding the application of the inservice content on the job and felt that the Likert scale on the top half would not give them any useful information and said, "They will tell me what I want to hear, not the truth". Four wanted to do an evaluation but wanted another method that would be easier to use.

Resources

Respondents wanted more resources, including books and pamphlets.

Modifications were suggested for each of the module sections

that could enhance its utility. These suggestions usually requested the expansion of a section and discussion of how to further adapt sections to meet staff needs as well as equipment and time constraints.

Research Question 3: What are some preferences/needs by the DSDs and/or their staff (as perceived by the DSDs) that would be useful in the designing of the other modules?

Data from survey items 19 - 25 were used to address this survey question. Information about equipment availability was obtained to provide data that would assist in understanding their inservice presentation needs and would be useful in the design of future modules. Forty-six percent of the respondents do not have access to an overhead projector, and 66% don't have a slide projector. Of the equipment listed (i.e., overhead projector, blackboard/or dry erase board, VCR, flip chart, xerox machine, and slide projector) 17 (49%) of the 35 respondents did not have access to two or more of the items on the list. No relationship to rural or urban location or size of the facility could be found regarding this finding.

Designing future modules requires information about preferences for particular instructional methods. The respondents were asked about commonly used instructional methods and to rate

the value to them in relationship to their role in staff development. The following methods and the percentage of the sample rating them as either "very valuable" and "valuable enough" on a scale of five, was as follows: case study - 83%, problem solving - 80%, lecture - 75%, simulation/games - 71%, role playing - 69%, and learning contract - 34%.

The respondents reported that they currently use a variety of methods to carry out their staff development responsibilities. Sixty-nine percent use some kind of lecture, either alone or in conjunction with other activities. Many used outside speakers, videos, printed materials, contests, games, demonstrations and those that are "quick and easy" and sometimes "weird".

They were asked what kinds of inservices are positively received by their staff. They reported their staff liked real-life cases, content that relates to them, funny skits, and humor in addition to the activities already mentioned. Many told stories of a particular inservice (Appendix D) that was well received that was usually experiential in nature such as a funny skit, or a demonstration of a concept, for example a tug of war with a rope having one side with the smallest participants use good body mechanics and the larger

participants using poor body mechanics on the other side (the smaller ones always win).

The relationship between inservice attendance and quality of the instructional module was hard to assess by the respondents. The respondents reported that the attendance was very good or good (66%) but stated as the reasons that (1) inservices were mandatory, a condition for increase in pay, or (2) they occurred on payday and attendance was required prior to picking up their check. The materials in the module were seen as a way to improve participation by the staff in inservice presentations by 83% of the sample, although the remaining 17% felt they were "still looking for the key to this".

Several ideas were described for how the respondents felt their staff learned best: hands-on learning, involvement in small groups, return demonstrations, utilization of many senses (or "see it, hear it, do it"), problem solving, examples and positive reinforcement. One stated she wasn't sure, and another said, "I don't know if they ever do learn well! They know it but they just don't do it. There is no retention, it doesn't matter how you present it". Thus confirming the challenges of finding instructional methods that foster learning by the staff. Clearly DSDs have equipment constraints and instructional

methods that must be considered when designing future modules.

Discussion

The module of instructional materials was well received by the respondents. In addition to comments on anticipated use, six respondents who shared their enthusiasm for its usefulness and adaptability had already used the transparencies, one made an adaptation not mentioned in the module: xeroxing the transparencies on colored paper and posting them throughout the facility. Two others had put the crossword puzzle into their facility newsletter. Another had adapted the situations for discussion to their facility, one had shared the QA tool with the individual in charge of QA, and one had already made some plans for adapting the materials to another inservice topic. Three others had not yet used the materials but had plans to do so in the near future.

Some changes need to be made to improve the usefulness of the module. The changes are in the interest of clarity to enhance the variety of ways to utilize it within the constraints of staff development programs in long term care. Two major constraints that have implications for the module are the lack of time and money allotted for the staff development role in long term care facilities.

The instructional materials in this module were designed with a one hour time frame in mind. The respondents reported that the time allotted for an inservice presentations varied from 15-30 minutes with a few having one hour, making it very difficult to offer the staff something more than a lecture and handout. Some interviews it was discussed how the materials could be adapted to cover the same material with less time. Some respondents offered suggestions for the adaptation, for example, posting the transparency's content in the facility for a week prior to the inservice and then use a learning activity during the 15-30 minute inservice. Based on this finding a special emphasis will be placed in the introduction on the variety of ways the different activities can be used depending on the time allotted and the size of the group. Furthermore, an approximate time range will be provided for each activity to assist in the inservice planning process.

Money was mentioned by all respondents in reference to the purchasing of materials and resources to use in their educational programs. Many stated they would recommend the module to other facilities "if reasonably priced". These concerns reinforced the decision to have only resources that are free or priced under \$100

mentioned in the modules. The final inservice module series of the fourteen topics must be reasonably priced if it is to be utilized by this population.

The issue of limited funds became apparent in the lack of equipment. Many respondents (46%) stated they did not have an overhead projector available to them and 66% didn't have access to a slide projector. These are usually very basic tools for an educator and the lack of them affects the kind of instructional materials that will be useful to this population. Plans to develop some slide presentations for two of the inservice topics will be reconsidered in light of the information obtained from this sample. It is important to note that lack of equipment was not related to urban or rural location or to facility size.

Time and equipment constraints may explain why the majority stated they used a lecture format (69%), rated the lecture method as either very valuable or valuable enough (75%) but in response to questions about what kind of inservices are positively received by the staff and how they thought staff learn best the lecture format was never mentioned .

Almost all of the respondents learned their role on the job.

One said that the only orientation she had was from a few notes left by the individual who had the position before. Lack of preparation for the job, little understanding of how adults learn and lack of information about instructional methods make the presentation of inservices especially challenging. Since the module was designed using adult learning principles with a variety of instructional methods, perhaps those using it will gain the knowledge and skills needed to enhance their effectiveness as an instructor. However, the module was viewed as useful even by those who had as much as 23 years in education.

In response to the four respondents who thought the literacy level of the crossword puzzle was too high, a shorter crossword puzzle using a lower level of English will be created. The module (and subsequent ones) will be reviewed by an educator who teaches English as a second language (ESL). Upon review, materials will be rewritten, or newly written learning activities for this population will be designed for the module. The feasibility of obtaining a Spanish version of the Resident's Rights and making a crossword puzzle in Spanish will be assessed.

The evaluation tool will be redesigned eliminating the Likert

scale section and making it a shorter form with only two or three questions about the usability of the content. In addition, instructions for a short verbal evaluation exercise will be included. This exercise has the facilitator divide a flip chart sheet on an easel in half, labeling one half with a (+) , the other with a (-). The participants are then asked questions such as, What was useful in the inservice and what wasn't, or what will be hard to use, or what will be easy to use regarding the inservice content. Obtaining comments from the staff may be difficult at first but it is a successful method when everyone is familiar with the technique.

Although the respondents liked the quality assurance tool and no changes need to be made in the tool itself, a thorough discussion about the role of quality assurance and/or the development of indicators will be added to this section. With the focus on performance outcomes, the DSD needs to integrate the facility's staff development program with the continuous quality improvement (CQI) program. The need for this integration and methods for doing so must be made explicit in the module so the relationship between the two programs can be developed. As the two programs are strengthened it will assist the facilities to be better prepared for the

current survey trends of monitoring performance outcomes when evaluating quality of care.

Based on the information gained regarding equipment and limited time available for inservices a special emphasis on the variety of ways to adapt the materials will be included in the introduction.

Summary

Many challenges exist for those responsible for staff development in long term care. The literature reports lack of preparation for the role, lack of reasonably priced resources, the diverse needs of the staff, and new regulations that increase the accountability of the educational program toward the provision of quality care. These challenges can be addressed with interventions designed especially for this population, which was the focus of the Instructional Module Prototype, module for a mandatory annual inservice topic, residents rights. It is a prototype of a series of modules addressing the fourteen mandatory inservice topics that must be presented every year in the long term care facility.

Thirty- five individuals responsible for staff development in their facility were sent the instructional module prototype for their evaluation of potential usefulness in meeting the inservice

requirement on Resident's Rights. They were interviewed by phone regarding potential usefulness, modifications that would increase their usefulness and information about their preferences/needs in instructional methodology. The information obtained was used to make changes in the prototype module and to assist in the design and enhancement of the remaining thirteen modules in the series.

Recommendations

The remaining 13 modules are being completed and will be modified in light of the information gained from this evaluation. Recommendations for the development of these modules include the review of the level of English for the learning activities, inclusion of a shorter evaluation tool, and a discussion of the role of quality assurance and/or the development of quality indicators for each subsequent module.

The data obtained in this study is limited in that it only asked for the perceptions of usefulness by the DSDs. Recommendations for further study would be to evaluate the usefulness of the module after it had been used in the practice setting for a period of time. In addition, the evaluation of the usefulness of the entire module series would provide a more complete picture of the usefulness of this

module series as a model of instruction for this population. These data could then provide additional information regarding the kinds of instructional materials that meet the needs of DSDs in nursing homes and their staff.

If well designed instruction can improve job performance then a recommendation would be to test this assumption. One way to do this might be to determine if surveyors observe changes in staff performance when facilities use the module series. Another way to test this assumption is to evaluate if DSD's could create more effective programs on other topics using this module as a model, since the utilization of this module series is designed to be an instructional resource for the DSD. This assumption should be tested so that accurate information will be available for the design of future instructional materials.

Other recommendations regarding the use of the module series would be to use it as a training tool in a "Train the Trainer" workshop for DSDs and those who train nursing assistants. This would orient the participants to the series and encourage networking and support by individuals in similar positions.

Conclusion

The interviews confirmed the need for interventions of this type and that resources are often available but too costly and are not designed for the 'real' world of LTC. The respondents liked the module content that was in a transparency format, the variety of learning activities, and resources listed. Modifications needed were the addition of a simplified crossword puzzle (for those staff with a lower literacy level) and options for evaluation techniques that would take less time and provide better information.

Respondents recalled inservices that were well received by the staff which usually involved their active participation, however when asked how inservices are usually designed and presented they stated lectures and handouts. The module was seen as an easy way to offer creative and engaging inservices that would be well received by their staff.

The data shows that the prototype of an instructional module series designed for Directors of Staff Development was perceived as very useful for the preparation and evaluation of an inservice on Resident's Rights. The model used for this module was found potentially useful to this population for creating their own

instructional materials thus serving as a method to enhance the knowledge and skills as staff development director.

Although representation is only from one state, one might expect that DSDs from facilities in other states would have similar responses. The nursing home industry across the nation is similar in many characteristics such as regulations, reimbursement and staffing. It would therefore not be unlikely for DSDs everywhere to have similar needs and perceptions.

The individuals responsible for delivering the annual mandatory inservices are looking for creative and effective ways to instruct their staff and understand that didactic verbal and written

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instruction are the least effective methods. Because of time and money constraints and lack of preparation for the job, creative resources based on an understanding of those special needs should be made available if the frontline staff are to deliver the quality of care expected for the residents in long term care.

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Appendix A
Instructional Module Prototype

Resident's Rights

This module is designed to educate staff about Resident's Rights and explore how they can respond and respect those rights for each resident. Teaching respect is not easy. The approach used in this module is to help participants relate Resident's Rights to rights they expect for themselves. This inservice also provides concrete examples of how these rights can be interpreted when working with the residents.

Target audience: All staff

Performance expectations:

As a result of the inservice, staff will be better able to:

1. Demonstrate respect of resident's rights by:
 - Providing privacy when giving care
 - Knocking on resident's door and waiting for a response
 - Offering choices
 - Etc.
2. Identify one long term care (LTC) staff person who could assist with problem solving related to resident's rights.
3. List the steps to take when a concern about resident's rights arises.
4. Identify the resident's rights that apply directly to their daily job.

Content:

Overhead transparencies are used to present the content in this module. The transparencies can be used with or without the learning activities.

Learning Activities:

Activities designed for the staff include:

1. Role play scenerios
2. Situations for Discussion
3. Overhead transparencies with discussion questions
4. Resident's Rights Crossword Puzzle
5. Case Study Situations

Choose one or more activities depending on the amount of time allotted for the inservice and number of participants.

Inservice Evaluation Form:

A generic evaluation form that can be used with any inservice offering. Use the form to assess how staff feel about the usefulness of the inservice and how they think they can use the material presented in their job.

Resident's Right Audit Tool:

This tool is one way to gather data to indicate if inservice content is being applied on the job. You may wish to develop different indicators for assessing if the right's of residents are being respected by the staff. An auditing tool is one way to assess the quality of care provided in the facility. Quality assurance can also provide useful information for the revision and selection of content for the next inservice on resident's rights.

Resources:

A listing of local and inexpensive resources (under \$100.00) that are available on the inservice topic.

Facilitator Tips:

- support peer monitoring and problem solving during activities
- acknowledge and praise appropriate staff behaviors and comments

Resident's Rights

Rules and Regulations

The following is a paraphrased summary of the Bill of Rights for residents of long term care facilities. The complete listing of these rights can be found in OAR 411-85-310, page 13. Staff should know and respect all rights. However, emphasize the rights in **bold print**.

The Resident has the right to:

1. Be encouraged and assisted to exercise rights as a citizen or resident of the U.S.
2. Be informed of his/her rights and regulations regarding his/her behavior and responsibilities while in the facility.
3. Be informed of services available in the facility.
4. Be informed of his/her health status. **Shall be encouraged to exercise the right to make his/her own decisions and participate in care and care planning.**
5. **Refuse medication, treatment and care.**
6. **Be encouraged, but not required, to perform activities for therapeutic purposes when identified in care plan.**
7. **Be free from verbal, sexual, mental and physical abuse.** Physical restraints may only be used to assure physical safety, and may not be used for discipline or convenience.
8. Be transferred or discharged only in accordance with transfer/discharge rules.
9. Not be moved to a new room without cause or preparation, in order to avoid harmful effects..
10. Voice concerns and suggest changes in policies and services. **The staff shall listen and act promptly to concerns and recommendations received from residents and families.**
11. **Be treated with consideration, respect and dignity and assured complete privacy when receiving care.**

Resident's Rights
Rules and Regulations

12. **Communicate privately with persons of choice, and send/receive mail unopened.**
13. **Have records kept confidential.** Records are available for the resident's inspection. (Resident may be required to pay for photocopies of records.)
14. **Participate in social, religious, and community activities of his/her choosing.**
15. **Keep and use personal clothing and possessions as space permits.**
16. **Be free from retaliation, once resident has exercised his/her rights.**

Transparencies

Resident's Rights Transparencies

The next several pages from 6 to 21 contain transparency masters that present the basic content of Resident's Rights. Information on transparencies was taken from the Oregon Rules and Regulations; the wording may vary from the facility's policy on resident's rights.

The transparencies can be presented in any order most appropriate for the group. They can be used independently or combined with other learning activities in the module.

The top portion of each transparency gives a brief statement of a resident's right. The lower portion poses questions that focus on how to interpret the resident's right in practice. These questions are just examples of how to apply each right; encourage the group to discuss other examples. Cover the lower half of the transparency with a piece of paper and progressively disclose (by moving the paper downward) as you discuss each example.

Exercise rights as a citizen

Do you encourage residents to:

- vote?
- self-advocate?
- participate in Resident Council?

**Informed of
their rights, behaviors
& responsibilities**

Do you:

- communicate in a language that resident's understand?
- inform the resident of rights frequently?

Informed of services available

Do you:

- share frequently the variety of services available?
 - hairdressing?
 - mail/newspaper delivery?
 - clothes mending?
 - communion/church services?

**Make decisions,
& participate in care
& care planning**

Do you offer choices:

- What would you like to wear today?
- When would you like your bath?
- The options for dealing with constipation are... which would you like to try first?

Refuse Medication, Treatment & Care

Do you:

- negotiate?
- discuss **health and safety** consequences?
- talk about possible alternatives?
- accept person's right to refuse?

**Be transferred or discharged
in accordance with
Oregon State Rules**

Do you:

- know personnel that can assist with transfer or discharge concerns?
- know that there are rules regarding how and when a resident can be transferred or discharged?

**Be free from
verbal, sexual,
mental, and physical abuse**

Do you:

- treat residents as adults?
- respond in caring ways?
- take a break when frustrated?
- report abusive situations to appropriate staff?

Perform activities for therapeutic purposes

Do you encourage residents to:

- carry out activities of daily living?
- choose therapeutic activities in which to participate?
- transport themselves/or others to chosen activities?

Not be moved without cause or preparation

Do you:

- involve residents in decision about a move?
- assist residents to make a new room comfortable?
- talk with residents about their concerns?

Voice concerns and suggest changes in policies and services

Do you:

- listen to resident concerns?
- act promptly (within one shift) to resident and family concerns and recommendations?
- document issues brought to your attention?
- inform residents about how their concerns will be addressed and by whom?

Be treated with respect, and dignity

Do you:

- assure complete privacy when giving care?
- pull privacy curtains?
- cover resident's body parts?
- talk with resident during care?
- knock on door & wait for response before entering resident's room?

**Communicate privately
with persons of choice and
send/receive mail unopened**

Do you:

- find quiet and private places for residents to visit with family and friends?
- open and read resident mail only when requested by resident?
- assist residents as needed in writing letters, using the phone?

Have records kept confidential

Do you:

- question individuals who inquire about or look at a resident's charts/ records?
- keep confidential the information on resident records?
- read resident charts only when necessary to provide care?

Participate in activities of his/her choosing

Do you:

- take time to learn resident's interests?
- create or suggest activities for residents?
- inform and invite residents to programs of interest?
- respect resident's decision not to participate?

**Keep and use personal clothing
and possessions as
space permits**

Do you:

- help residents to display and organize personal items as they desire?
- dress residents in their own marked clothes?

Be free from retaliation

Do you:

- respond to residents in ways that are not harmful or hurtful?
- problem solve with supervisors if you have concerns about a choice a resident makes?

Learning Activities

Instructions: Situations for Discussion

Three situations for discussion follow, presenting difficult situations regarding residents: (1) Refusing treatment, (2) Abuse, and (3) Transfer / discharge. They are designed to give staff practice in dealing with difficult issues related to resident's rights and in being an advocate for the resident.

The situations for discussion can also be an opportunity to clarify the facility's policies regarding issues. It is important to recognize that some staff may fear job loss if they advocate for a resident. (Note: Issues around abuse are explored in greater detail in the inservice module on Abuse.)

Directions:

1. Divide into groups of three to four participants. Give each group one issue to discuss. (Note: Xerox enough of the topic issues that each member of the group has a copy of the issue they will be discussing)
2. Have the groups read within their group the two roles presented. Give the groups 3-5 minutes to discuss the situation.
3. Have participants regather into a large group. Debrief participants' feelings, thoughts, and observations about the situations.

Ask:

- What were their feelings and observations?
- What are some ways to resolve each situation?

- Focus on the positive ways to manage difficult situations.
- Identify staff that might be a resource to assist with situations such as these discussed in this activity.
- Emphasize the importance of communication skills (e.g. how do CNAs get nurses to listen to them?)
- Discuss the responsibility staff have to report abuse.
- Explain the Ombudsman program and that calls can be made to 1-800-522-2602 to report abuse anonymously. Remind them that they can not be reprimanded or fired for reporting abuse.

Issue: Refusing Treatment

Nurses Aide: You work the night shift. Mr. Richards is always climbing out of bed. Mr. Richards and his family have insisted that no restraints be used. The primary nurse has developed a list of things to use to help keep Mr. Richards safe without restraints.

However, when a nurse Rachit is on duty she tells you "Oh forget that stuff, just put a restraint on him so we don't have to worry about him falling." You do this but decide to tell the director of nursing services (DNS) the next day.

Authority Role:

Director of Nursing to Services This is a small nursing home, and your good friend nurse Rachit works nights. You know she has been a good nurse and supervisor. A nurses aide comes in meet with you, saying she has a concern related to your friend.

What are some ways to share your concerns with the DNS?

How might the DNS respond to the CNA's concerns?

If the DNS does not respond favorably, what can the CNA do?

What is important in this issue regarding resident's rights?

Resident's Rights
Situations for Discussion

Issue: Abuse

Nurses Aide: You witnessed another CNA handle one of the residents roughly while putting her to bed. The resident is crying. You go to tell the charge nurse.

Authority Role:
Charge Nurse An aide tells you about an abuse situation she just witnessed. This aide is new and just finished her training and is frequently bringing to your attention how the aides are not doing things like they "should." You are tired and not in the mood to listen to her and her complaints

What are some positive ways the nurses aide might present the information to the charge nurse?

What are some positive ways the charge nurse could respond to the nurses aide?

What should the nurses aide do if the charge nurse does not respond favorably?

What is important in this situation regarding the resident's rights?

Issue: Transfer Discharge

Housekeeper Role: Mrs. Jones is going home with her, daughter next week. While cleaning her room, Mrs. Jones tells you she wants to stay here, and confides in you that her daughter is mean to her. She says she is afraid to live with her daughter. You decide to talk with the social worker.

Authority Role:
Social Worker: Everything has been arranged for Mrs. Jones's discharge. She has been a difficult resident to care for and everyone is pleased, including you, that she will be leaving soon.

What are some positive ways to share your concerns with the social worker?

How might the social worker respond to the housekeeper's concerns?

If the social worker does not respond favorably, what can the housekeeper do?

What is important in this issue regarding the resident's rights?

Resident's Rights

Instructions: Crossword Puzzle

Information needed to complete the crossword puzzle is contained in the following handout, "Resident Bill of Rights". The handout reviews the need for Resident's Rights and paraphrases each Right outlined in the Oregon Rules and Regulations. Distribute both the crossword puzzle and handout to participants. (Note: the answers to the crossword puzzle are in the handout in bold print.)

The crossword puzzle can be used as a self learning or small group (2-3) activity at the end of an inservice. One way to assure completion of the crossword puzzle is to have the participants sign and return it when completed.

Resident's Rights

Crossword Puzzle & Handout: Resident Bill of Rights

The Resident Bill of Rights are designed to assure residents of long-term care facilities that their basic civil rights will continue to be respected. These rights were written into the Federal regulations in 1974. Some states have adopted additional rights.

We all enjoy these rights, as citizens of the United States; however, residents in long-term care facilities frequently are unable to assert these rights due to physical and/or mental disabilities. Needing others to provide for their daily care makes residents vulnerable. Violations of these rights should be reported to a supervisor or the administrator.

Some rights we protect are easy and clear-cut, for example the resident receiving a quarterly financial report from the facility if they handle the residents finances or their mail unopened. Other rights are more complex such as the right to refuse medicine and/or treatment. What do you do when a refused medicine is needed to keep a resident alive?

The Bill of Rights uses words like, dignity, respect, abuse, and reasonable. These words mean different things to each of us and that makes some situations even more difficult. One of the best ways to know if we are on target is to put ourselves in the residents' place. Taking a few moments to "walk a mile in their shoes" can be valuable in our interactions with residents.

EVERY person admitted to a long-term care facility has the right:

1. To be treated with **dignity and respect** at all times, including privacy during treatments and personal care.
2. To be given **privacy** for visits with spouse and other persons of patient's/resident's own choosing.
3. To be **informed** of his/her medical condition and the name of his/her doctor.
4. To **participate** as much as possible in his/her own plan of care.
5. To **refuse** medicine or treatment; to refuse to participate in medical research; and to refuse to perform services for the facility.
6. To **meet with and participate** in social, religious, and/or community groups of his/her own choosing.
7. To be informed on admission (and anytime on request) of the **rules, regulations, and policies** of the facility, the services provided, and the charges for those services.
8. To be informed in advance of plans to discharge or transfer, and that it is in accordance with transfer/discharge rules.

Resident's Rights

Crossword Puzzle & Handout: Resident Bill of Rights

9. To be assured that transfer or discharge are for **medical** reasons, his/her own welfare, or that of others, or for non-payment of stay.
10. To retain clothing and possessions as **space** permits, unless it infringes on the rights of another resident.
11. To exercise his/her **rights** as a resident and citizen, throughout his/her stay in this facility.
12. To receive and **send mail** unopened.
13. To manage his/her own **financial** affairs, or to delegate responsibility for such management to another person.
14. To receive a quarterly financial **report** if finances are managed by the facility.
15. To expect a reasonable response to one's personal requests or grievances without fear of reprisal.
16. To be safe from **mental** or physical abuse of any kind.
17. To be **free** from physical and chemical restraints (including sedative medicines) except in emergencies, unless ordered in writing by the doctor.
18. To be assured of **confidential** treatment of one's personal and medical records, and to approve or refuse their release to anyone outside the facility, except as required by law or third party payer contract (Medicare, Medicaid, or insurance).
19. To be assured that he/she will not be required to **perform** services for the facility that are not for therapeutic purposes as identified in the plan of care.
20. To live and die with dignity.
21. To be assured that there will be no retaliation from the facility or staff after the resident/representative has exercised the above rights.

Protecting these rights is EVERYONE'S responsibility as they care for the daily needs of long term care residents!!!

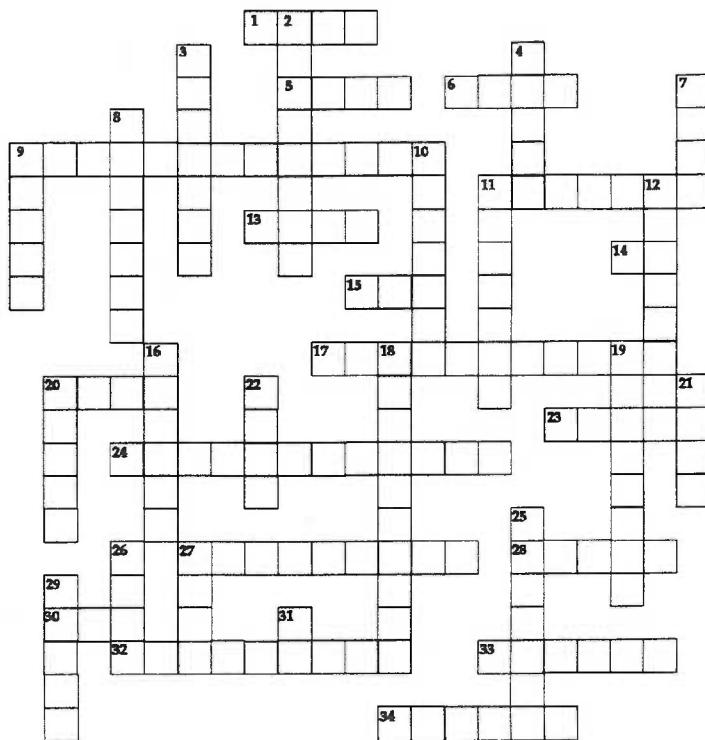
Resident's Rights

Crossword Puzzle : Resident Bill of Rights

Instructions: Use the Resident's Rights Handout to complete the puzzle.

Across

- 1/15. To _____ and _____ with dignity.
5. To expect a response to request without _____ of reprisal.
6. The _____ of Rights uses words like, dignity, respect, abuse and reasonable.
9. Violation of resident's rights should be reported to the _____.
11. The resident won't be required to _____ services for the facility.
13. To _____ with and participate in social, religious, and/or community groups.
14. To be informed _____ the name of his/her doctor.
- 17/20. To _____ as much as possible in his/her own plan of _____.
23. To keep their own personal items as _____ permits.
24. To be assured of _____ treatment of personal and medical records.
27. To manage his/her own _____ affairs if able.
28. To be informed on admission of the _____, regulations and policies.
30. These rights are a reminder of the rights that _____ enjoy as a citizen of the U.S.
32. It is _____ responsibility to protect the rights of the residents in long-term care.
33. To be free from _____ or physical abuse of any kind.
34. To exercise his/her _____ as a resident and citizen.



Down

2. To be _____ of his/her medical condition.
3. To be assured that transfer/discharge are for _____ reasons, his/her own welfare or that of others, or for non-payment of stay.
4. One of the best ways to know if we are respecting resident's rights is to put ourselves in the resident's _____.
7. Residents of long _____ care facilities are frequently unable to assist their rights.
- 8/10. To be treated with _____ and _____ at all times.
9. To be safe from mental or physical _____ of any kind.
11. To be given _____ for visits with spouse and others of their choosing.
12. To _____ medicine and treatment, and participation in medical research.
16. To receive a quarterly financial _____ if financial management has been delegated to the facility.
18. To be free from physical and chemical _____.
19. To be informed in advance of plans to discharge or _____, and the reason for it.
20. The Bill of Rights exist to make sure the resident's basic _____ rights will be respected.
- 21/22. To receive and _____ _____ unopened.
- 25/29. It is everyone's responsibility to _____ the rights of residents as they care for their _____ needs.
26. When interpreting Residents Rights it is important to take a few moments to "walk a _____ in their shoes".
27. To be _____ from restraints except in emergencies unless ordered by a doctor.
31. To be assured that there will be _____ retaliation from the facility after exercising his/her rights.

Resident's Rights

Crossword Puzzle: Answers

Across

1. live
2. fear
6. bill
9. administrator
11. perform
13. meet
14. of
15. die
17. participate
20. care
23. space
24. confidential
27. financial
28. rules
30. all
32. everyones
33. mental
34. rights

Down

2. informed
3. medical
4. place
7. term
8. dignity
9. abuse
10. respect
11. privacy
12. refuse
16. report
18. restraints
19. transfer
20. civil
21. send
22. mail
25. protect
26. mile
27. free
29. daily
31. no

Instructions: Case Study Situations

This activity includes two handouts with case studies - one is designed for individual use; one for group discussion. The situations dramatize daily challenges faced in facilities and encourage discussion about respecting and responding to residents rights.

If used as an individual activity, have staff complete the **Individual Handout : Case Study Situations** and return it at a later date.

For a group activity, distribute the handout, **Group Handout : Case Study Situations** to all participants.

Options for a group activity include.

1. Discuss each situation with the entire group.
2. Divide participants into groups of 2-4. Have each group discuss each case study situation. As facilitator, move among the groups and assist as needed.
3. Divide participants into 5 equal groups. Give each group one situation to discuss for 5 - 10 minutes. Have each group make a report to the larger group.

Individual Handout: Case Study Situations

Directions: Read the following situations and answer the questions.

1. You are a resident and have severe arthritis. You cannot put your glasses on and hearing aid in by yourself. The CNA's are frequently busy and forget to help you. It's difficult to see or hear anyone without your glasses and hearing aid.
 - How would you feel if you were the resident?

 - What resident right(s) apply?

 - What could be done?

2. You are a resident. You are very tired this afternoon and want to take a short nap. The activity director comes by and wheels you out of your room and down the hall saying, "I'm glad you are up. "You'll have a good time today at BINGO." You tell her you don't want to go today but she is busy talking to others along the way and never hears you.
 - How would you feel if you were the resident?

 - What resident right(s) apply?

 - What could be done?

3. You are a resident. You have lost weight as you have gotten older and your wedding rings don't fit well and are loose. It's time for your bath and the CNA asks you to remove your rings so you won't lose them in the bath. You gave her your rings. It's now a week later and your rings still haven't been returned.
 - How would you feel if you were the resident?

 - What resident right(s) apply?

 - What could be done?

4. You are a resident. As you wheel yourself to the dining room for lunch, you pass the nurses station and hear the aides and nurse talking loudly about how your roommate had another accident and they had to change all the bed linen. You overhear one person say "she just does that to get attention".
 - How would you feel if you were the resident?

 - What resident right(s) apply?

 - What could be done?

Discuss each of the following situations. For each situation ask:

- How would you feel as the resident?
- What is the conflict ?
- What resident right(s) apply ?

1. You are a resident and have severe arthritis. You cannot put your glasses on and hearing aid in by yourself. The CNA's are frequently busy and forget to help you. It's difficult to see or hear anyone without your glasses and hearing aid.

2. You are a resident. You are very tired this afternoon and want to take a short nap. The activity director comes by and wheels you out of your room and down the hall saying, "I'm glad you are up. "You'll have a good time today at BINGO." You tell her you don't want to go today but she is busy talking to others along the way and never hears you.

3. You are a resident. You have lost weight as you have gotten older and your wedding rings don't fit well and are loose. It's time for your bath and the CNA asks you to remove your rings so you won't lose them in the bath. You gave her your rings. It's now a week later and your rings still haven't been returned.

4. Mr. Jones, an alert and oriented resident directs his daily care. He has chosen not to have CPR if that situation ever arises. His family says he is sometimes confused and they demand that they make the decision. They want CPR performed. (Focus on Resident's Rights and Choice not the ethics around CPR)

5. You are a resident. As you wheel yourself to the dining room for lunch, you pass the nurses station and hear the aides and nurse talking loudly about how your roommate had another accident and they had to change all the bed linen. You overhear one person say "she just does that to get attention".

Quality Assurance

Resident's Rights Audit

| | |
|-------|------|
| Shift | Unit |
|-------|------|

To be completed on each shift, on each unit by nursing staff. Please mark the following items for compliance:

| | YES | NO |
|--|-------|-------|
| 1. Room door closed if care is in process | _____ | _____ |
| 2. Privacy curtains closed during care | _____ | _____ |
| 3. Residents in halls and lounge are appropriately covered | _____ | _____ |
| 4. Resident covered in back (buttocks not exposed) during wheelchair transport | _____ | _____ |
| 5. Staff responds promptly when they observe a resident is exposed | _____ | _____ |
| 6. Staff knocks before entering room if door is closed | _____ | _____ |
| 7. Staff speak with residents while giving care | _____ | _____ |
| 8. Staff responds promptly (within 1 to 3 minutes) to call lights. | _____ | _____ |

Comments: _____

Steps taken to remedy problems _____

| | |
|------|-----------|
| Date | Signature |
|------|-----------|

Please return to nursing office within one week.

Evaluation Tool

Inservice Evaluation Tool



For the set of questions below, mark each of the following items on a scale of 1 (poor), to 5 (excellent).

| | Poor | ----- | | | Excellent |
|--|------|-------|---|---|-----------|
| | 1 | 2 | 3 | 4 | 5 |
| Information presented on the topic: | — | — | — | — | — |
| Learning activity (individual handout / group discussion): | — | — | — | — | — |
| Usefulness on my unit: | — | — | — | — | — |
| Generally, this inservice was: | — | — | — | — | — |

What makes this information easy or hard to apply on your unit?

Name one idea presented in the inservice that you will try on the job.

Resources

Resident's Rights Resources

Ombudsman (Oregon) 1/800-522-2602

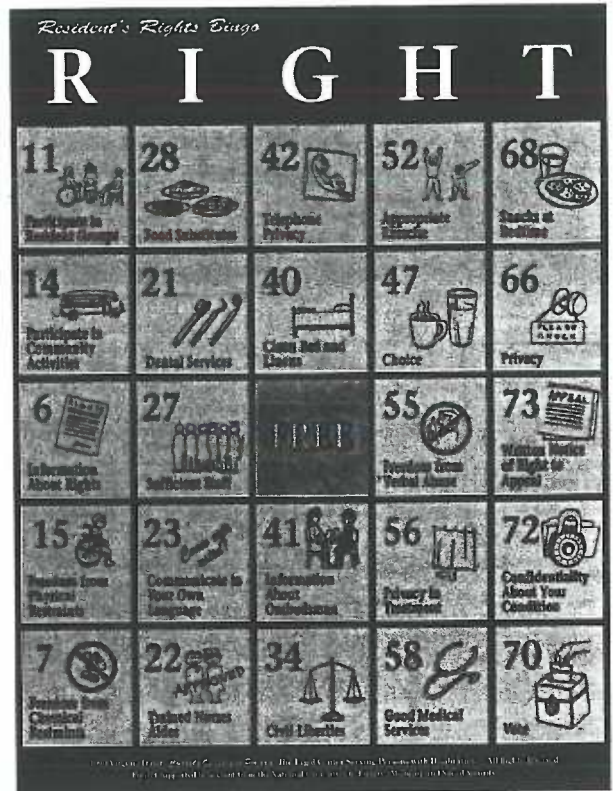
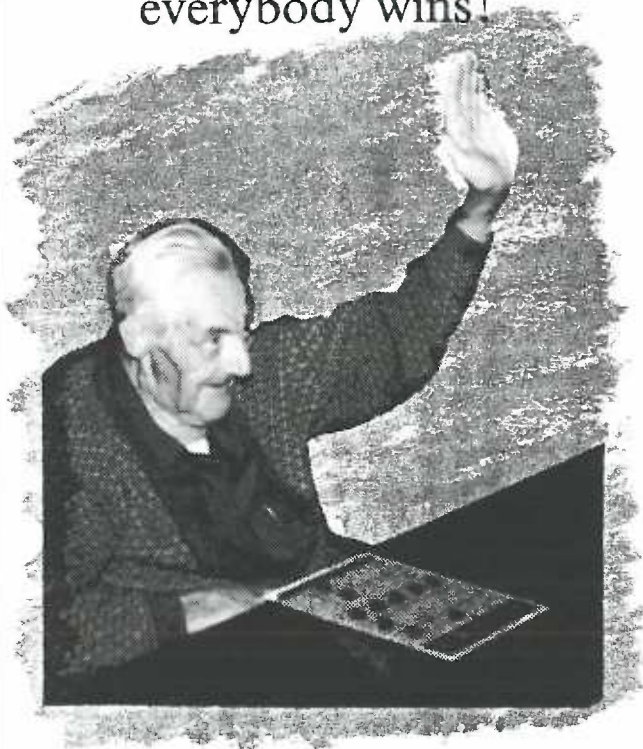
- Has brochures regarding Resident's Rights in limited quantities.
- Ask for field officer for your county. They or a district leader may be able to come to your facility to do an inservice.

Learning Tools

Residents' Rights Bingo (see attached order blank).

Play *Residents' Rights Bingo*
just like regular Bingo.

It's lots of fun, and
everybody wins!



Residents' Rights Bingo helps
educate residents, their families
and nursing home staff about
residents' rights.

Please allow 4 weeks for delivery.

Order Form

Please type or
print clearly.

| <i>Residents' Rights Bingo</i> | Qty. | Price | s & h | TOTALS |
|--------------------------------|------|----------|-------|--------|
| The Complete Set | | \$ 47.50 | 4.00 | |
| Add'l Game Cards (24 pack) | | 5.00 | 2.50 | |
| Add'l Markers (300 pack) | | 5.00 | 2.50 | |
| Sub-total | | | | |
| Colorado Residents Add 3% | | | | |
| Denver Residents Add 7.3% | | | | |
| TOTAL Enclosed | | | | |

Mail your prepaid order to:

The Legal Center
455 Sherman Street #130
Denver, Colorado 80203

Name _____ Title _____

Organization _____

Street Address _____

City _____ State _____ Zip Code _____

Tax-Exempt Number (if any): _____ Phone () _____

Appendix B
Telephone Survey Questionnaire

ID_____

Number of Beds_____

Telephone Survey Questionnaire

1. Is it clear how to use the module?

- _____ yes
- _____ somewhat clear (explain_____)
- _____ confusing (explain_____)

2. Are the instructions to each of the activities?

- _____ easy to understand
- _____ somewhat clear (explain:_____)
- _____ confusing (explain_____)

3. Do you feel that the module content is appropriate to the practice setting?

- _____ yes
- _____ somewhat (explain:_____)
- _____ no (explain:_____)

4. Do you feel that the instructional materials in this module can improve participation by the staff in inservice presentations?

- _____ yes
- _____ possibly (explain:_____)
- _____ no (explain:_____)

5. Do you feel that the transparencies will be :

- _____ easy to use
- _____ somewhat easy to use
- _____ somewhat hard to use (explain:_____)
- _____ hard to use (explain_____)
- _____ would not use (explain_____)

a. Would you use the transparencies as:

- _____ overhead
- _____ lecture
- _____ flip chart

6. Do you feel that the crossword puzzle will be :

- easy to use
- somewhat easy to use
- somewhat hard to use (explain: _____)
- hard to use (explain: _____)
- would not use (explain: _____)

a. Would you use the crossword puzzle as:

- a group discussion
- individual handout
- both

7. Do you feel that the situations for discussion will be:

- easy to use
- somewhat easy to use
- somewhat hard to use (explain: _____)
- hard to use (explain: _____)
- would not use (explain: _____)

8. Do you feel that the case study situations will be :

- easy to use
- somewhat easy to use
- somewhat hard to use (explain: _____)
- hard to use (explain: _____)
- would not use (explain: _____)

a. Would you use the case study situations as:

- a group discussion
- individual handout
- both

9. Do you feel that the quality assurance tool included will help you to assess the application of inservice materials on the job?

- yes
- possibly
- not sure (explain: _____)
- no (explain: _____)

10. Do you think you will use the Inservice Evaluation Tool to assess what the staff learned in the inservice?

- yes
- possibly
- not sure(explain_____)
- no(explain_____)

11. Do you think you will utilize the resources listed in the Resource section of the module?

- yes
- possibly
- not sure (explain_____)
- no (explain:_____)

Comments:

12. Would you utilize similar instructional modules for other mandatory inservices?

- yes, definitely
- maybe, with some changes (explain_____)
- no, not at all (explain_____)

13. Using this module as a model do you feel you could create similar instructional materials for other inservice topics?

- yes
- may-be (explain:_____)
- no (explain_____)

14. Would you recommend this module of instructional materials to other facilities?

- yes
- possibly
- not sure (explain_____)
- no (explain_____)

15. Would you recommend the purchase of this module?

- yes
- no (explain_____)

16. What are the strengths of this module?

17. What are the weaknesses of this module?

18. What suggestions do you have for improving this module?

19. Do you have easy access to:

| yes | no | |
|-------|-------|-------------------------------|
| _____ | _____ | Overhead projector |
| _____ | _____ | Blackboard or dry erase board |
| _____ | _____ | Video player |
| _____ | _____ | Flip chart / easel |
| _____ | _____ | Xerox machine |
| _____ | _____ | Slide projector |
| _____ | _____ | Computer |

20. What instructional methods do you favor?

Value of method to staff development:

| | | | | | |
|------------------------------|----------|----------|----------|----------|----------|
| Learning contract | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| Lecture | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| Role Playing | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| Case Study | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| Simulation/ Games | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| Prob. solving | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |

- 1 very valuable
- 2 valuable enough
- 3 somewhat valuable
- 4 not valuable
- 5 has no value at all

21. **Would you characterize the attendance at most inservices as.....**

- _____ very good
- _____ good
- _____ fair
- _____ poor

22. **Describe how inservices are usually designed and presented to the staff?**

23. **What kinds of inservice activities do you use that are positively received by the staff?**

24. **Describe how you think your staff learn best.**

25. **Is there anything you would like to discuss about the module or staff development that hasn't been mentioned already in this questionnaire?**

26. **Level of Nursing education.....**

- _____ LPN
- _____ ADN
- _____ Dip
- _____ BSN
- _____ MSN

27. **Level of education.....**

- _____ AA
- _____ BS/BA
- _____ Master's (specify _____)

28. **What other responsibilities are you responsible for...**

- _____ infection control
- _____ quality assurance
- _____ CNA training
- _____ nursing administration
- _____ Resident Care Management
- _____ unit nursing
- _____ administration
- _____ other: _____

29. **How long have you had the responsibility for inservices ?**

Appendix C

Cover Letter

Staff Development

Cover Letter

November 18, 1993

Dear _____,

Thank you for agreeing to participate in a study regarding the evaluation of these materials. This study is part of a masters research project at the Oregon Health Sciences University under the supervision of Darlene McKenzie RN, Ph.D. Your opinion will be valuable in making improvements in this module.

The design and development of these materials came from my experience as a Staff Development Director where the presenting of inservices was only one of several hats I needed to wear. I wanted to present a variety of good inservices but the time to develop them was always minimal, and existing resources were always expensive or nonexistent.

Please read through the module and familiarize yourself with the sections. Envision yourself using the materials to prepare, present and evaluate an inservice on Resident's Rights. Think of this module as a format for other mandatory topics and if this model is useful to you. In addition, make notes on what is not clear, or useful and what changes you would like to see.

As discussed, I will be phoning you on _____ at _____ to administer a survey questionnaire. The survey will take 20 to 30 minutes to complete. The questions will refer to how useful you feel the materials are, what modifications would be needed to make it more useful, and what would like to see in future modules.

These materials are for you to keep in exchange for your time spent reviewing them and completing the survey. Your participation in this study is voluntary and responses to the survey will be kept anonymous.

If you have any questions, or need to change our telephone appointment please feel free to call me on my digital pager 1-503-790-5597. I will return your call as soon as possible.

Thank you for your cooperation.

Catherine Van Son RN

Appendix D
Listing of Successful Inservices
by Respondents

Inservice Activities Positively Received by the Respondents Staff

| | |
|---------|---|
| 1 (3%) | Visual aides used by presentors |
| 5 (14%) | Guest speakers |
| 9 (26%) | Role playing |
| 5 (14%) | Group discussion/ interaction |
| 3 (9%) | Video |
| 2 (6%) | Real life cases |
| 2 (6%) | Demonstrations |
| | Content relates directly to them |
| | Activity director video taped the activities in the facility and showed the tape to the staff and discussed how the resident benefitted from the activity |
| | Dietician did an inservice on the importance of hydration having everyone eat two packages of soda crackers without any water and during the inservice she continuously drank glasses of water, & also had people feed each other using pureed and cold |
| | Food |
| | Always put the content on the walls so that if people aren't listening and looking around the information is there too |
| | Contests or games use candies (Smarties and DumDums) |
| | Made an Infection Control Bingo |
| | None at this time |
| | Puzzles |
| | Humor / Funny skits |
| | Brainstorming |
| | Tug of war with rope to illustrate good body mechanics |
| | Lottery tickets |
| | What Is Wrong With This Picture? Staff demo a scene with everything they know is wrong for 10 minutes-- they stop and staff have to write down every thing they can |
| | Do an experiential "Being a Resident Class" |
| | Name in a bucket do drawing for toothbrushes and paste |
| | Sensitivity training |
| | Put restraints on participants used Joanne's idea of Dectective ect. dressed up and hammed it up to discuss material |